

Research Application to the Long-Term Care (LTC) Data Cooperative

Section I: General Information

* Which of the following categories does your project fall under?

 \frown Observational, comparative effectiveness research

Clinical research studies, including provider and patient recruitment into Phase 3 and Phase 4 randomized trials

*** Project Title**

Contact Information for Principal Investigator

NOTE: Graduate students may not be listed as the PI.

* Principal Investigator's Information

Name	
Organization	
Address	
Address 2	
City/Town	
State/Province	select state
State/Province ZIP/Postal Code	select state
	select state
ZIP/Postal Code	select state

Contact Information for Alternate

(e.g., project analyst; faculty supervisor/mentor of postdoctoral fellow)

Alternate's Information			
Name			
Organization			
Address			
Address 2			
City/Town			
State/Province	select state	•	
ZIP/Postal Code			
Country			
Email Address			
Phone Number			



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Section II: Funding Source

Note: Funding must be available to support research services provided by the LTC Data Cooperative.

* Does this project currently have funding?

O Yes

) No, I will email LTCDataCooperative@AHCA.org with notice of funding once received.

Does this request require a letter of support to the funding entity?

O Yes

O No

Please describe funding source below. Specify the role of the funder, if any, in the study design, collection, management, analysis, interpretation and reporting of findings. Include whether they will have ultimate authority over any of these activities.

* Does this project require approval by a regulator, or do you plan to submit the results of this study to a regulatory agency?

O Yes

O No

If Yes, please indicate below any relevant timeline or other relevant information that should be taken into consideration.

Plain-Language Abstract

All applications must include a <u>plain language</u> structured abstract (750 words max). The audience for this abstract is nursing home providers who have expertise in the long-term care policy and practice environment, and are not formally trained in research. They will review the abstract and provide feedback to the LTC Data Cooperative Review Committee during the public comment period of the application review process. If either the nursing home providers or the Review Committee do not believe an application aligns with the mission or approved data uses of the LTC Data Cooperative, it may be rejected.

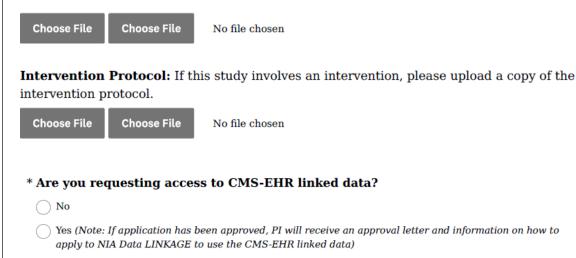
The abstract should clearly and succinctly describe, in **plain language**:

- **Objective(s) and importance.** What are you trying to demonstrate and how will it help providers improve resident care?
- Study design, stated briefly in plain language
- **Study population**. If you only need data on a subset of nursing homes and/or residents, state that here.
- Intervention, if applicable
- Key measures and outcomes

Example: "We will compare the rates of antibiotic prescriptions and urinalyses between nursing homes that did vs. did not receive antibiotic stewardship training."

- The EHR data elements you are requesting and why. Example: "We will use medication administration records (MAR), vital signs, and diagnoses that are linked to MDS data and Medicare claims to look at antibiotic prescribing and hospitalizations for residents with dementia."
- **Provider engagement**. If and how you have engaged, or will engage, nursing home providers in your study. For intervention studies, specify whether you have already recruited nursing homes for participation.
- **Implications for providers**, such as: Potential impact on practice and/or policy; Alignment with nursing home provider priorities; Acceptability, i.e. how likely are providers to adopt the intervention and/or findings?; Feasibility, i.e. how practical is the intervention and/or findings under current conditions? and; Any costs, burden, or risks for providers, residents, or other key stakeholders.

Abstracts with overly-technical academic language or failing to include the above elements will be returned for revisions.





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Section IV: IRB Documentation

* Under which category of research does your project fall?

() De-identified Data, Exempt from IRB approval

- \bigcirc Research Conducted under a Waiver of Patient Consent for Use of Protected Health Information
- Research Requiring Facility Consent Only (e.g., cluster randomized trial with waiver of patient consent)
- Research Requiring Patient/Proxy Consent and, therefore, facility consent

Please upload here the IRB letter of approval (or waiver of consent) and the approved IRB protocol. Also upload proof of privacy board approval here, if applicable.

If this project has yet to receive IRB approval, please email LTCDataCooperative@AHCA.org once received.

Choose File

No file chosen

No file chosen

Facility Consent Documents (if applicable)

Choose File

Please combine all documents into a single PDF file.

Choose File Choose File

Patient Consent Documents (if applicable)

Please combine all documents into a single PDF file.

Choose File

Choose File No file chosen